

# Electronic Filing Instructions for your 2018 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



William J & Indra Mattiace  
186 Locust Street, Apt. PVT  
Floral Park, NY 11001

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a balance due of \$9,729.00.		
	Your return shows you have elected to pay your balance due of \$9,729.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$9,729.00	
	- Account Number:	23283381	
	- Routing Transit Number:	021000089	
	- Date of Withdrawal:	04/01/2019	
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2018 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	285,174.00
	Taxable Income	\$	261,174.00
	Total Tax	\$	42,787.00
	Total Payments/Credits	\$	33,577.00
	Payment Due	\$	9,210.00
	Penalty/Interest	\$	519.00
	Balance Due With Penalty/Interest	\$	9,729.00
	Effective Tax Rate		14.53%
<b>Estimated Payments to Make for Next Year's Return</b>	Estimated Payments for 2019 - Do not mail these vouchers with your 2018 income tax return. The estimated vouchers displayed below are used to prepay your 2019 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2019, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).		
	Mail payments according to the schedule below:		
	Voucher Number	Due Date	Amount
	1	04/15/2019	\$ 7,373.00
	2	06/17/2019	\$ 7,373.00
	3	09/16/2019	\$ 7,373.00
	4	01/15/2020	\$ 7,373.00
	Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.		
	Mail payments to: Internal Revenue Service P.O. Box 37007 Hartford, CT 06176-7007		

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/15/2019**

# 2019 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

7,373.

REV 10/17/18 TTW

1555

117-52-2618                      071-62-9248  
WILLIAM J MATTIACE  
INDRA MATTIACE  
186 LOCUST STREET APT PVT  
FLORAL PARK NY 11001

INTERNAL REVENUE SERVICE  
PO BOX 37007  
HARTFORD CT 06176-7007

117522618 CD MATT 30 0 201912 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **06/17/2019**

## 2019 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

7,373.

REV 10/17/18 TTW 1555

117-52-2618 071-62-9248  
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117522618 CD MATT 30 0 201912 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **09/16/2019**

# 2019 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

7,373.

REV 10/17/18 TTW 1555

117-52-2618 071-62-9248  
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117522618 CD MATT 30 0 201912 430

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▼ Detach Here and Mail With Your Payment ▼  
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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due 01/15/2020

# 2019 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2019 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

7,373.

REV 10/17/18 TTW

1555

117-52-2618 071-62-9248  
WILLIAM J MATTIACE  
INDRA MATTIACE  
186 LOCUST STREET APT PVT  
FLORAL PARK NY 11001

INTERNAL REVENUE SERVICE  
PO BOX 37007  
HARTFORD CT 06176-7007

117522618 CD MATT 30 0 201912 430

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: William J Last name: Mattiace Your social security number: 117-52-2618

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Indra Last name: Mattiace Spouse's social security number: 071-62-9248

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien ☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. 186 Locust Street Apt. no. PVT Presidential Election Campaign (see inst.) ☒ You ☒ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Floral Park NY 11001 If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Computer programmer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Retired	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared		Phone no.		
Firm's address ▶				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2018)

Form 1040 (2018)

Page **2**

1	Wages, salaries, tips, etc. Attach Form(s) W-2	107,133.
2a	Tax-exempt interest	164.
3a	Qualified dividends	12,780.
4a	IRAs, pensions, and annuities	59,439.
5a	Social security benefits	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	105,658.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	285,174.
8	Standard deduction or itemized deductions (from Schedule A)	24,000.
9	Qualified business income deduction (see instructions)	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	261,174.
11	a Tax (see inst.) 41,450. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) b Add any amount from Schedule 2 and check here	41,450.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here	41,450.
13	Subtract line 12 from line 11. If zero or less, enter -0-	1,337.
14	Other taxes. Attach Schedule 4	42,787.
15	Total tax. Add lines 13 and 14	17,577.
16	Federal income tax withheld from Forms W-2 and 1099	
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5	16,000.
18	Add lines 16 and 17. These are your total payments	33,577.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	
b	Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number X X X X X X X X X X X X X X X X X X	
21	Amount of line 19 you want applied to your 2019 estimated tax	21
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	9,729.
23	Estimated tax penalty (see instructions)	519.

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► **Attach to Form 1040.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

William J & Indra Mattiace

Your social security number

117-52-2618

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	3,203.
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input checked="" type="checkbox"/>	<b>13</b>	102,455.
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
	<b>21</b>	Other income. List type and amount ► . . . . .	<b>21</b>	
	<b>22</b>	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 . . . . .	<b>22</b>	105,658.
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ► . . . . .	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
	<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>	
	<b>34</b>	Reserved . . . . .	<b>34</b>	
	<b>35</b>	Reserved . . . . .	<b>35</b>	
	<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

REV 12/21/18 TTW

**SCHEDULE 4**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Other Taxes**

► **Attach to Form 1040.**

► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **04**

Name(s) shown on Form 1040

William J & Indra Mattiace

Your social security number

117-52-2618

**Other  
Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from: Form <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>59</b>	
<b>60a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>60a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) . . . . .	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>62</b>	1,337.
<b>63</b>	Section 965 net tax liability installment from Form 965-A . . . . . <b>63</b>		
<b>64</b>	Add the amounts in the far right column. These are your <b>total other taxes</b> . Enter here and on Form 1040, line 14 . . . . .	<b>64</b>	1,337.

**For Paperwork Reduction Act Notice, see your tax return instructions.**

REV 12/21/18 TTW

**Schedule 4 (Form 1040) 2018**

**SCHEDULE 5**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Other Payments and Refundable Credits**

► **Attach to Form 1040.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **05**

Name(s) shown on Form 1040

William J & Indra Mattiace

Your social security number

117-52-2618

<b>Other Payments and Refundable Credits</b>	<b>65</b>	Reserved . . . . .	<b>65</b>	
	<b>66</b>	2018 estimated tax payments and amount applied from 2017 return . . . . .	<b>66</b>	16,000.
	<b>67a</b>	Reserved . . . . .	<b>67a</b>	
	<b>b</b>	Reserved . . . . .	<b>67b</b>	
	<b>68-69</b>	Reserved . . . . .	<b>68-69</b>	
	<b>70</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>70</b>	
	<b>71</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>71</b>	
	<b>72</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>72</b>	
	<b>73</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>73</b>	
	<b>74</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/> _____	<b>74</b>	
	<b>75</b>	Add the amounts in the far right column. These are your total <b>other payments and refundable credits</b> . Enter here and include on Form 1040, line 17. . . . .	<b>75</b>	16,000.

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 02/14/19 TTW

Schedule 5 (Form 1040) 2018

**SCHEDULE B**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040.

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **08**

Name(s) shown on return

William J & Indra Mattiace

Your social security number

117-52-2618

**Part I**  
**Interest**

(See instructions and the instructions for Form 1040, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

CHARLES SCHWAB & CO., INC.

**Amount**

164.46

**1**

- 2** Add the amounts on line 1 . . . . .
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b . . ►

164.46

164.46

164.46

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**  
**Ordinary Dividends**

(See instructions and the instructions for Form 1040, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer ► The Royce Funds  
Fairholme Funds  
Selected Funds  
Vanguard  
HARBOR INTERNATIONAL FUND - INST  
TWEEDY, BROWNE FUND INC. TWEEDY, BROWNE GLOBAL VALUE FUND  
TWEEDY, BROWNE FUND INC. TWEEDY, BROWNE VALUE FUND  
TWEEDY, BROWNE FUND INC. TWEEDY, BROWNE GLOBAL VALUE FUND  
TWEEDY, BROWNE FUND INC. TWEEDY, BROWNE VALUE FUND

618.06

834.26

1,490.48

376.65

1,216.80

576.58

1,426.08

2,210.95

4,030.29

**5**

- 6** Add the amounts on line 5. Enter the total here and on Form 1040, line 3b . . ►

12,780.15

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes No**

**Foreign Accounts and Trusts**

(See instructions.)

- 7a** At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8** During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

X

**Net Investment Income Tax—  
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

William J &amp; Indra Mattiace

Your social security number or EIN

117-52-2618

**Part I Investment Income** ☐ Section 6013(g) election (see instructions)  
☐ Section 6013(h) election (see instructions)  
☐ Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (see instructions)	<b>1</b>	164.
<b>2</b>	Ordinary dividends (see instructions)	<b>2</b>	12,780.
<b>3</b>	Annuities (see instructions)	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	<b>4a</b>	
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b	<b>4c</b>	
<b>5a</b>	Net gain or loss from disposition of property (see instructions)	<b>5a</b>	102,455.
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c	<b>5d</b>	102,455.
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions)	<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions)	<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	<b>8</b>	115,399.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions)	<b>9a</b>	
<b>b</b>	State, local, and foreign income tax (see instructions)	<b>9b</b>	
<b>c</b>	Miscellaneous investment expenses (see instructions)	<b>9c</b>	
<b>d</b>	Add lines 9a, 9b, and 9c	<b>9d</b>	
<b>10</b>	Additional modifications (see instructions)	<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10	<b>11</b>	

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	<b>12</b>	115,399.
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b>	285,174.
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b>	250,000.
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	35,174.
<b>16</b>	Enter the smaller of line 12 or line 15	<b>16</b>	35,174.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)	<b>17</b>	1,337.
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	<b>18b</b>	
<b>c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>	
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>	
<b>20</b>	Enter the smaller of line 18c or line 19c	<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)	<b>21</b>	

Name(s) Shown on Return  
William J & Indra MattiaceSocial Security Number  
117-52-2618**Part I State and Local Income Tax Refunds from 2017 Tax Returns**

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2017	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	NY	3,629.	1,500.		12,784.	426.	
	<b>Totals</b>	3,629.	1,500.		12,784.	426.	

- 2 Total state and local refunds. Total line 1 column (b). . . . . 3,629.
- 3 Refund allocated to tax paid after 12/31/2017. Total line 1 columns (f) and (g).  
(Include net tax paid after 12/31/2017 on Schedule A, line 5.) . . . . . 426.
- 4 Net refund. Line 2 less line 3. . . . . 3,203.

**Part II Recovery Amount**The **recovery amount** is the state and local income tax deducted in 2017 refunded in 2018.

- 5 Total state and local income tax deduction from line 5 of your 2017 Schedule A. . . . . 15,105.
- 6 **Recovery amount.** Lesser of line 4 or line 5. . . . . 3,203.

**Part III Recovery Exclusion**The **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2017.

- 7 **Recovery exclusion from standard deduction and/or sales tax deduction:**
- a Allowable itemized deductions, from 2017 Schedule A, line 29 . . . . . 30,930.
- b Allowable itemized deductions, refigured by excluding recovery amount:
- (1) Refigured state and local tax deduction:
- (a) Refigured state income tax deduction . . . . . 11,902.
- (b) Sales tax deduction . . . . .
- (c) Refigured deduction. Larger of (a) or (b) . . . . . 11,902.
- (2) Refigured total itemized deductions before limitation . . . . . 27,727.
- (3) Refigured reduction for limitation on itemized deductions . . . . . 0.
- (4) Refigured allowable itemized deductions. Line 7b(2) less line 7b(3). . . . . 27,727.
- c 2017 standard deduction based on 2017 filing stat, exemptns, and deductns. . . . . 12,700.
- d Larger of lines 7b(4) or 7c. . . . . 27,727.
- e Subtract line 7d from line 7a . . . . . 3,203.
- f Subtract line 7e from line 6 . . . . . 0.
- 8 **Recovery exclusion from negative taxable income.** If 2017 taxable income was negative, enter here as a positive number, else enter zero. . . . . 0.
- 9 **Recovery exclusion from alternative minimum tax.** If no alternative minimum tax (AMT) in 2017 enter zero. If did pay AMT in 2017, enter amt from line 24 . . . . . 0.
- 10 **Recovery exclusion from unused tax credits.** If no unused credits in 2017, enter zero. If there were unused credits in 2017, enter amount from line 35. . . . . 0.
- 11 **Total recovery exclusion.** Add lines 7f, 8, 9, and 10. . . . . 0.

**Part IV Taxable Refund**The **recovery amount** less the **recovery exclusion** is a **taxable refund**.

- 12 **Taxable refund from 2017.** Line 6 less line 11. . . . . 3,203.
- 13 Total taxable refunds from **2016** or prior tax returns. Total line 36 column (d). . . . .
- 14 **Total taxable refunds.** Add lines 12 and 13. Enter here and on Form 1040, line 10 . . . . . 3,203.

# Tax History Report

► Keep for your records

2018

Name(s) Shown on Return

William J & Indra Mattiace

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status . . . . .	MFJ	MFJ	MFJ	MFJ	MFJ
Total income . . . . .	192,496.	225,656.	219,880.	240,462.	285,174.
Adjustments to income					
Adjusted gross income	192,496.	225,656.	219,880.	240,462.	285,174.
Tax expense . . . . .	23,805.	24,994.	26,896.	30,755.	10,820.
Interest expense . . .	2,129.	1,408.	646.	30.	
Contributions . . . . .	3,545.	1,805.	2,290.	145.	250.
Misc. deductions . . .	4,947.	3,812.	4,571.		
Other itemized ded'ns					
Total itemized/ standard deduction . .	34,426.	32,019.	34,403.	30,930.	24,000.
Exemption amount . .	7,900.	8,000.	8,100.	8,100.	0.
QBI deduction . . . . .					
Taxable income . . . .	150,170.	185,637.	177,377.	201,432.	261,174.
Tax . . . . .	23,292.	31,529.	31,781.	39,040.	41,450.
Alternative min tax . .		1,638.	2,040.	2,896.	
Total credits . . . . .			301.	329.	
Other taxes . . . . .					1,337.
Payments . . . . .	20,364.	26,684.	28,921.	33,546.	33,577.
Form 2210 penalty . .	106.	112.	183.	146.	519.
Amount owed . . . . .	3,034.	6,595.	4,782.	8,207.	9,729.
Applied to next year's estimated tax .					
Refund . . . . .					
Effective tax rate % . .	12.10	14.70	15.24	17.30	14.53
**Tax bracket % . . . .	28.0	28.0	28.0	28.0	24.0

\*\*Tax bracket % is based on Taxable income.

# Healthcare Entry Sheet

2018

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

☒ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

**The box at the top, "Everyone on the tax return was covered by health insurance all year" was checked. The covered all 12 months for each individual below will be checked regardless of the information entered on the Personal Information and Dependent Nondependent Information worksheets.**

Short Gap  
Eligible\*  
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 William Mattiace	117-52-2618	04/04/57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Indra Mattiace	071-62-9248	10/31/55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ►

**Completion checkbox:**

☐ Check this box once you are finished with all the healthcare related entries.

**Form 1040 Qualified Dividends and Capital Gain Tax Worksheet**  
**Line 11a** ▶ Keep for your records

**2018**

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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<b>1</b>	Enter the amount from Form 1040, line 10 . . . . .	<b>1</b>	<u>261,174.</u>
<b>2</b>	Enter the amount from Form 1040, line 3a . . . . .	<b>2</b>	<u>10,220.</u>
<b>3</b>	Are you filing Schedule D?		
	<input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .		
		<b>3</b>	<u>102,455.</u>
	<input checked="" type="checkbox"/> <b>No.</b> Enter the amount from Schedule 1, line 13.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	<u>112,675.</u>
<b>5</b>	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . .		
		<b>5</b>	<u>0.</u>
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	<u>112,675.</u>
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	<b>7</b>	<u>148,499.</u>
<b>8</b>	Enter:		
	\$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household.	<b>8</b>	<u>77,200.</u>
<b>9</b>	Enter the smaller of line 1 or line 8 . . . . .	<b>9</b>	<u>77,200.</u>
<b>10</b>	Enter the smaller of line 7 or line 9 . . . . .	<b>10</b>	<u>77,200.</u>
<b>11</b>	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	<b>11</b>	<u>0.</u>
<b>12</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>12</b>	<u>112,675.</u>
<b>13</b>	Enter the amount from line 11 . . . . .	<b>13</b>	<u>0.</u>
<b>14</b>	Subtract line 13 from line 12. . . . .	<b>14</b>	<u>112,675.</u>
<b>15</b>	Enter:		
	\$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household.	<b>15</b>	<u>479,000.</u>
<b>16</b>	Enter the smaller of line 1 or line 15 . . . . .	<b>16</b>	<u>261,174.</u>
<b>17</b>	Add lines 7 and 11 . . . . .	<b>17</b>	<u>148,499.</u>
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	<b>18</b>	<u>112,675.</u>
<b>19</b>	Enter the smaller of line 14 or line 18 . . . . .	<b>19</b>	<u>112,675.</u>
<b>20</b>	Multiply line 19 by 15% (0.15) . . . . .	<b>20</b>	<u>16,901.</u>
<b>21</b>	Add lines 11 and 19 . . . . .	<b>21</b>	<u>112,675.</u>
<b>22</b>	Subtract line 21 from line 12 . . . . .	<b>22</b>	<u>0.</u>
<b>23</b>	Multiply line 22 by 20% (0.20) . . . . .	<b>23</b>	<u>0.</u>
<b>24</b>	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
		<b>24</b>	<u>24,549.</u>
<b>25</b>	Add lines 20, 23, and 24 . . . . .	<b>25</b>	<u>41,450.</u>
<b>26</b>	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
		<b>26</b>	<u>51,261.</u>
<b>27</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 11a. . . . .		
		<b>27</b>	<u>41,450.</u>

# Tax Payments Worksheet

**2018**

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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## Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/17/18		04/17/18			04/17/18		
2 06/15/18		06/15/18			06/15/18		
3 09/17/18		09/17/18			09/17/18		
4 01/15/19	16,000.	01/15/19	7,000.	NY	01/15/19		
5							
<b>Tot Estimated Payments . . .</b>	16,000.		7,000.				

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6 Overpayments applied to 2018 . . . .						
7 Credited by estates and trusts . . . .						
8 <b>Totals</b> Lines 1 through 7 . . . . .	16,000.	7,000.				
9 2018 extensions . . . . .						

Taxes Withheld From:				Federal	State	Local
10 Forms W-2 . . . . .				12,995.	6,097.	
11 Forms W-2G . . . . .						
12 Forms 1099-R . . . . .				4,582.		
13 Forms 1099-MISC, 1099-K and 1099-G . . . . .						
14 Schedules K-1 . . . . .						
15 Forms 1099-INT, DIV and OID . . . . .						
16 Social Security and Railroad Benefits . . . . .						
17 Form 1099-B . . . . .	St		Loc			
18 a Other withholding . . . . .	St		Loc			
b Other withholding . . . . .	St		Loc			
c Other withholding . . . . .	St		Loc			
d Positive Adjustment . . . . .	St		Loc			
e Negative Adjustment . . . . .	St		Loc			
f Additional Medicare Tax. . . . .						
19 <b>Total Withholding</b> Lines 10 through 18f . . . . .				17,577.	6,097.	
20 <b>Total Tax Payments for 2018</b> . . . . .				33,577.	13,097.	

Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help)				State	ID	Local	ID
21 Tax paid with 2017 extensions . . . . .							
22 2017 estimated tax paid after 12/31/2017 . . . . .				1,500.	NY		
23 Balance due paid with 2017 return . . . . .							
24 Other (amended returns, installment payments, etc) . .							

# Federal Carryover Worksheet

**2018**

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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## 2017 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY		1,500.	12,784.		3,629.	
<b>Totals . .</b>		1,500.	12,784.		3,629.	

## 2017 State Extension Information

(a) State	(b) Paid With Extension

## 2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

## 2017 State Estimates Information

(a) State	(c) Estimates Paid After 12/31
NY	1,500.

## 2017 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

## 2017 State Taxes Due Information

(a) State	(e) Paid With Return

## 2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

## 2017 State Refund Applied Information

(a) State	(g) Applied Amount

## 2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

## 2017 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	12,784.	3,629.

## 2017 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

William J &amp; Indra Mattiace

117-52-2618

Other Tax and Income Information			2017	2018
1	Filing status . . . . .	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4). . . . .	2		
3	Itemized deductions . . . . .	3	30,930.	11,070.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	240,462.	285,174.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	41,607.	42,787.
7	Alternative minimum tax. . . . .	7	2,896.	
8	Federal overpayment applied to next year estimated tax. . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions			2017	2018
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

**Loss and Expense Carryovers**

Note: Enter all entries as a positive amount

Loss and Expense Carryovers			2017	2018
12 a	Short-term capital loss. . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2018. . .	a		
	b 2017. . .	b		
	c 2016. . .	c		
	d 2015. . .	d		
	e 2014. . .	e		
	f 2013. . .	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2018. . .	a		
	b 2017. . .	b		
	c 2016. . .	c		
	d 2015. . .	d		
	e 2014. . .	e		
	f 2013. . .	f		

William J &amp; Indra Mattiace

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Credit Carryovers				2017	2018
18	General business credit . . . . .			18	
19	Adoption credit from:			19 a	
	a	2018 . . . . .		b	
	b	2017 . . . . .		c	
	c	2016 . . . . .		d	
	d	2015 . . . . .		e	
	e	2014 . . . . .		f	
	f	2013 . . . . .			
20	Mortgage interest credit from:			20 a	
	a	2018 . . . . .		b	
	b	2017 . . . . .		c	
	c	2016 . . . . .		d	
	d	2015 . . . . .			
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	
Other Carryovers				2017	2018
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess			25 a	
	a	Taxpayer (Form 2555, line 46) . . . . .		b	
	b	Taxpayer (Form 2555, line 48) . . . . .		c	
	c	Spouse (Form 2555, line 46) . . . . .		d	
	d	Spouse (Form 2555, line 48) . . . . .			

## Charitable Contribution Carryovers

26	2017 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2017 . . . . .					
b	2016 . . . . .					
c	2015 . . . . .					
d	2014 . . . . .					
e	2013 . . . . .					
27	2018 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2018 . . . . .					
b	2017 . . . . .					
c	2016 . . . . .					
d	2015 . . . . .					
e	2014 . . . . .					

28 Amount overpaid less earned income credit . . . . . 0.

## 2017 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

# IRA Information Worksheet

2018

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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<b>Part I Traditional IRA</b>		<b>Taxpayer</b>	<b>Spouse</b>
	<b>Basis and Value</b>		
1	Total basis in traditional IRAs . . . . .		
2	Year-end value on 12/31/2018. . . . .		
3	Basis carryover as of 12/31/2018 . . . . .		
	<b>Excess Contributions</b>		
4	Excess contributions as of 12/31/2017 . . . . .		
5	Carryover of excess contributions to 2019 . . . . .		

<b>Part II Roth IRA</b>		<b>Taxpayer</b>	<b>Spouse</b>
	<b>Basis (Contribution and Conversion History)</b>		
6	Basis in Roth IRA contributions . . . . .		
7	Basis in Roth IRA conversions. . . . .		6,702.
8	Contribution basis carryover as of 12/31/2018 . . . . .		
9	Conversion basis carryover as of 12/31/2018 . . . . .		6,702.
	<b>Excess Contributions</b>		
10	Excess contributions as of 12/31/2017 . . . . .		
11	Carryover of excess contributions to 2019 . . . . .		

<b>Part III Traditional IRA Basis Detail</b>		<b>Taxpayer</b>	<b>Spouse</b>
12	Basis for 2017 and earlier years . . . . .		
13	Adjustment due to return of excess contributions . . . . .		
14	Rollover of nontaxable portion of a qualified retirement plan . . . .		
15	Basis received from former spouse due to divorce or inherited. . .		
16	Basis transferred to former spouse due to divorce . . . . .		
17	Adjusted total basis in Traditional IRAs. . . . .		

<b>Part IV Traditional IRA Year-end Value Detail</b>		<b>Taxpayer</b>	<b>Spouse</b>
18	Enter the combined value of all traditional IRAs (including SEP and SIMPLE IRAs) on 12/31/2018 ( <i>See Help</i> ) . . .		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2018. qualified charitable distributions (QCD) made in Jan. 2019 to be treated as made in December 2018 ( <i>See Help</i> ).		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2018 . . . .		
21	Check this box if you converted <b>all</b> of the traditional IRAs you had in 2018 to Roth IRAs in 2018. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

# IRA Information Worksheet

► Keep for your records

2018

Page 2

Name(s) Shown on Return  
William J & Indra Mattiace

Social Security Number  
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Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2014 . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>2017 Balances (Basis - Before 2018 Transactions)</b>			
23	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
24	Cumulative pre 2014 conversions - taxable and nontaxable . . . .		6,702.
25	2014 conversion contributions taxable at conversion . . . . .		
26	2014 conversion contributions not taxable at conversion . . . . .		
27	2015 conversion contributions taxable at conversion . . . . .		
28	2015 conversion contributions not taxable at conversion . . . . .		
29	2016 conversion contributions taxable at conversion . . . . .		
30	2016 conversion contributions not taxable at conversion . . . . .		
31	2017 conversion contributions taxable at conversion . . . . .		
32	2017 conversion contributions not taxable at conversion . . . . .		
<b>2018 Transactions - Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
33	Regular <b>Roth</b> IRA contributions . . . . .		
34	Rollover from Roth 401(k) and Roth 403(b) . . . . .		
35	Conversion contributions taxable at conversion . . . . .		
36	Conversion contributions not taxable at conversion . . . . .		
37	Repayments of qualified Roth reservist distributions . . . . .		
<b>2018 Transactions - Distributions</b>			
38	Distributions from regular <b>Roth</b> IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2014 conversions		
40	Distributions from 2014 conversions taxable at conversion . . . .		
41	Distribs. from 2014 conversions not taxable at conversion . . . .		
42	Distributions from 2015 conversions taxable at conversion . . . .		
43	Distribs. from 2015 conversions not taxable at conversion . . . .		
44	Distributions from 2016 conversions taxable at conversion . . . .		
45	Distribs. from 2016 conversions not taxable at conversion . . . .		
46	Distributions from 2017 conversions taxable at conversion . . . .		
47	Distribs. from 2017 conversions not taxable at conversion . . . .		
48	Distributions from 2018 conversions taxable at conversion . . . .		
49	Distribs. from 2018 conversions not taxable at conversion . . . .		
50	Did you have any open Roth IRA accounts on 12/31/2018? . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Balance c/over to 2019 (Basis - After 2018 Transactions)</b>			
51	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
52	Cumulative pre 2015 conversions - taxable and nontaxable		6,702.
53	2015 conversion contributions taxable at conversion . . . . .		
54	2015 conversion contributions not taxable at conversion . . . . .		
55	2016 conversion contributions taxable at conversion . . . . .		
56	2016 conversion contributions not taxable at conversion . . . . .		
57	2017 conversion contributions taxable at conversion . . . . .		
58	2017 conversion contributions not taxable at conversion . . . . .		
59	2018 conversion contributions taxable at conversion . . . . .		
60	2018 conversion contributions not taxable at conversion . . . . .		

# IRA Information Worksheet

► Keep for your records

2018

Page 3

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
---	---------------------------------------

Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
<b>Received From Former Spouse due to Divorce or Inheritance</b>			
	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
61			
62	Cumulative pre 2014 conversions - taxable and nontaxable . . . .		
63	2014 conversion contributions taxable at conversion . . . . .		
64	2014 conversion contributions not taxable at conversion . . . . .		
65	2015 conversion contributions taxable at conversion . . . . .		
66	2015 conversion contributions not taxable at conversion . . . . .		
67	2016 conversion contributions taxable at conversion . . . . .		
68	2016 conversion contributions not taxable at conversion . . . . .		
69	2017 conversion contributions taxable at conversion . . . . .		
70	2017 conversion contributions not taxable at conversion . . . . .		
71	2018 conversion contributions taxable at conversion . . . . .		
72	2018 conversion contributions not taxable at conversion . . . . .		
<b>Transferred To Former Spouse due to Divorce</b>			
	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
73			
74	Cumulative pre 2014 conversions - taxable and nontaxable . . . .		
75	2014 conversion contributions taxable at conversion . . . . .		
76	2014 conversion contributions not taxable at conversion . . . . .		
77	2015 conversion contributions taxable at conversion . . . . .		
78	2015 conversion contributions not taxable at conversion . . . . .		
79	2016 conversion contributions taxable at conversion . . . . .		
80	2016 conversion contributions not taxable at conversion . . . . .		
81	2017 conversion contributions taxable at conversion . . . . .		
82	2017 conversion contributions not taxable at conversion . . . . .		
83	2018 conversion contributions taxable at conversion . . . . .		
84	2018 conversion contributions not taxable at conversion . . . . .		

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

---

**Taxpayer:** William J & Indra Mattiace

**Primary SSN:** 117-52-2618

---

**Federal Return Submitted:** March 26, 2019 12:30 PM PDT

**Federal Return Acceptance Date:** \_\_\_\_\_

---

Your return was electronically transmitted on 03/26/2019

---

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

# Electronic Filing Instructions for your 2018 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



WILLIAM J and INDRA MATTIACE  
186 LOCUST STREET PVT  
Floral Park, NY 11001

<b>Balance Due/Refund</b>	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$165.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
<b>Where's My Refund?</b>	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them three to four weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at <a href="https://www.tax.ny.gov/">https://www.tax.ny.gov/</a> .		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>Other Forms to Mail</b>	Your Form NYC-1127 (Joint or Employee's Copy) shows a refund of \$408.00.  Mail Form NYC-1127 (Joint or Employee's Copy) to the following address by May 15, 2019:  NYC Department of Finance Section 1127 PO Box 5563 Binghamton, NY 13902-5563		
<b>2018 New York Tax Return Summary</b>	Taxable Income	\$	206,869.00
	Total Tax	\$	12,932.00
	Total Payments/Credits	\$	13,097.00
	Amount to be Refunded	\$	165.00
<b>Estimated Payments to Make for Next Year's Return</b>	New York Estimated Payment Vouchers for 2019 - Do not mail the following vouchers (Form IT-2105) with your 2018 income tax return. These vouchers are used to prepay your 2019 income taxes that will be filed next year.		

# Electronic Filing Instructions for your 2018 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



WILLIAM J and INDRA MATTIACE  
186 LOCUST STREET PVT  
Floral Park, NY 11001

**Estimated  
Payments to  
Make for Next  
Year's Return  
(Continued)**

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/15/2019	\$ 2,032.00
2	06/17/2019	\$ 2,032.00
3	09/16/2019	\$ 2,032.00
4	01/15/2020	\$ 2,032.00

You can pay this amount electronically through the NY State Department of taxation website at <https://www.tax.ny.gov>.  
If you choose to file by mail, include a separate check or money order for each payment, payable to, "NYS Income Tax".  
Write "2019 IT-2105" on each check.

Mail your estimated payments to:

NYS Estimated Income Tax  
Processing Center  
PO Box 4122  
Binghamton, NY 13902-4122

**Tips for Estimated Tax**

**Did you know?** You can pay your estimated tax electronically on our website with a debit from your checking or savings account. Visit us on the Web at [www.tax.ny.gov](http://www.tax.ny.gov) to pay your estimated tax electronically.

For assistance, see Form IT-2105-I, *Instructions for Form IT-2105, Estimated Tax Payment Voucher for Individuals*.

To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social security number (SSN)/taxpayer identification (ID) number** – Make sure that the **entire** SSN used on your vouchers agrees with the number on your social security card and the number used on your New York State income tax return. If you use a taxpayer ID number, this number must agree with the number used on your New York State income tax return. Failure to do so may result in monies not being properly credited to your account.
- **Name** – Make sure that your name is spelled correctly. You should enter your first name, middle initial, then last name in the spaces

provided (for example, *John O. Smith*). Your name **must** agree with the name on your New York State income tax return.

- **Foreign addresses** – Enter the information in the following order: city, province or state, and then country (all in the *City, village, or post office box*). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**
- **Married taxpayers** – Each married taxpayer should establish a separate estimated tax account. If you and your spouse each maintain an estimated tax account and file a joint New York State income tax return, we will credit the balances of both accounts to your joint income tax return.
- **All filers** must be sure to **separately** enter the amounts for New York State, New York City, Yonkers, and MCTMT; then enter the total in the *Total payment* box.

**Note:** If there is **no amount** to be entered for one or more lines, **leave them blank**.

**Do not** staple or clip the check or money order to the voucher. Please detach any check stubs before mailing.

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**Telephone assistance**

Automated income tax refund status: 518-457-5149  
Personal Income Tax Information Center: 518-457-5181  
To order forms and publications: 518-457-5431  
Text Telephone (TTY) or TDD Dial 7-1-1 for the  
equipment users New York Relay Service

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Department of Taxation and Finance

**Estimated Tax Payment Voucher for Individuals**

New York State • New York City • Yonkers • MCTMT

REV 11/27/18 TTW

**IT-2105**

**Calendar-year filer due dates:** April 15, 2019; June 17, 2019; September 16, 2019; and January 15, 2020. Enter applicable amount(s) and total payment in the boxes to the right. Print the last four digits of your SSN or taxpayer ID number and **2019 IT-2105** on your payment. Make payable to **NYS Income Tax**. Mail voucher and payment to: NYS Estimated Income Tax, Processing Center, PO Box 4122, Binghamton NY 13902-4122.

Full SSN or taxpayer ID number 117522618		Enter your <b>2-character special condition code</b> if applicable (see instr.) ..... <input type="text"/>		New York State
Taxpayer's first name and middle initial WILLIAM J		Taxpayer's last name MATTIACE		New York City
Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET		Apartment number PVT		Yonkers
City, village, or post office FLORAL PARK		State NY	ZIP code 11001	MCTMT
Taxpayer's e-mail address GMATTIAW@GMAIL.COM				

**Estimated tax amounts**

	Dollars	Cents
New York State	2032	00
New York City		00
Yonkers		00
MCTMT		00
<b>Total payment</b>	2032	00

**STOP:** Pay this electronically on our website

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Department of Taxation and Finance

**Estimated Tax Payment Voucher for Individuals**

REV 11/27/18 TTW

**IT-2105**

New York State • New York City • Yonkers • MCTMT

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Taxpayer's e-mail address GMATTIAW@GMAIL.COM				

**Estimated tax amounts**

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Department of Taxation and Finance

**Estimated Tax Payment Voucher for Individuals**

REV 11/27/18 TTW

**IT-2105**

New York State • New York City • Yonkers • MCTMT

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City, village, or post office FLORAL PARK	State NY	ZIP code 11001		MCTMT
Taxpayer's e-mail address GMATTIAW@GMAIL.COM				

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Department of Taxation and Finance

**Estimated Tax Payment Voucher for Individuals**

REV 11/27/18 TTW

**IT-2105**

New York State • New York City • Yonkers • MCTMT

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Full SSN or taxpayer ID number 117522618		Enter your <b>2-character special condition code</b> if applicable (see instr.) ..... <input type="text"/>		New York State
Taxpayer's first name and middle initial WILLIAM J		Taxpayer's last name MATTIACE		New York City
Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET		Apartment number PVT		Yonkers
City, village, or post office FLORAL PARK	State NY	ZIP code 11001		MCTMT
Taxpayer's e-mail address GMATTIAW@GMAIL.COM				

**Estimated tax amounts**

	Dollars	Cents
New York State	2032	00
New York City		00
Yonkers		00
MCTMT		00
<b>Total payment</b>	2032	00

**STOP:** Pay this electronically on our website

0601191555 117522618 1

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

**IT-201**For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ... **18**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)		Your social security number	
WILLIAM		J	MATTIACE		04041957		117522618	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's social security number	
INDRA			MATTIACE		10311955		071629248	
Mailing address (see instructions, page 14) (number and street or PO box)					Apartment number		New York State county of residence	
186 LOCUST STREET					PVT		NASSAU	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name	
FLORAL PARK			NY	11001			FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number		School district code number	
							195	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

**A Filing status**(mark an **X** in one box):

- ① ☐ Single
- ② ☒ Married filing joint return  
(enter spouse's social security number above)
- ③ ☐ Married filing separate return  
(enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er)

**B Did you itemize** your deductions on your 2018 federal income tax return? ..... Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 15) ..... Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) ..... Yes ☐ No ☐
- (2) Enter the amount ...  .00

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) ..... Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only** (see page 15):

- (1) Number of months **you** lived in NYC in 2018 .....
- (2) Number of months **your spouse** lived in NYC in 2018 .....

**G** Enter your **2-character special condition code(s)** if applicable (see page 15) .....  **H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an **X** in the box. ☐

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Your social security number
117522618

**Federal income and adjustments** (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	107133.00
2	Taxable interest income .....	2	164.00
3	Ordinary dividends .....	3	12780.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	3203.00
5	Alimony received .....	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	102455.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9	0.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	59439.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	.00
12	Rental real estate included in line 11 .....	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14	Unemployment compensation .....	14	.00
15	Taxable amount of social security benefits (also enter on line 27) .....	15	.00
16	Other income (see page 16) Identify: .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	285174.00
18	Total federal adjustments to income (see page 16) Identify: .....	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	285174.00

**New York additions** (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17) .....	21	387.00
22	<b>New York's</b> 529 college savings program distributions (see page 17) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	285561.00

**New York subtractions** (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	3203.00
26	Pensions of NYS and local governments and the federal government (see page 18) .....	26	59439.00
27	Taxable amount of social security benefits (from line 15) ....	27	.00
28	Interest income on U.S. government bonds .....	28	.00
29	Pension and annuity income exclusion (see page 19) .....	29	.00
30	<b>New York's</b> 529 college savings program deduction/earnings .....	30	.00
31	Other (Form IT-225, line 18).....	31	.00
32	Add lines 25 through 31 .....	32	62642.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	222919.00

**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	206869.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....	36	000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	206869.00

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Name(s) as shown on page 1  
WILLIAM J AND INDRA MATTIACE

Your social security number  
117522618

**Tax computation, credits, and other taxes**

<b>38</b>	<b>Taxable income</b> (from line 37 on page 2)	<b>38</b>	206869.00
<b>39</b>	<b>NYS tax on line 38 amount</b> (see page 22)	<b>39</b>	13591.00
<b>40</b>	<b>NYS household credit</b> (page 21, table 1, 2, or 3)	<b>40</b>	.00
<b>41</b>	<b>Resident credit</b> (see page 23)	<b>41</b>	.00
<b>42</b>	<b>Other NYS nonrefundable credits</b> (Form IT-201-ATT, line 7)	<b>42</b>	659.00
<b>43</b>	<b>Add lines 40, 41, and 42</b>	<b>43</b>	659.00
<b>44</b>	<b>Subtract line 43 from line 39</b> (if line 43 is more than line 39, leave blank)	<b>44</b>	12932.00
<b>45</b>	<b>Net other NYS taxes</b> (Form IT-201-ATT, line 30)	<b>45</b>	.00
<b>46</b>	<b>Total New York State taxes</b> (add lines 44 and 45)	<b>46</b>	12932.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

<b>47</b>	<b>NYC taxable income</b> (see instructions)	<b>47</b>	.00
<b>47a</b>	<b>NYC resident tax on line 47 amount</b> (see page 23)	<b>47a</b>	.00
<b>48</b>	<b>NYC household credit</b> (page 23)	<b>48</b>	.00
<b>49</b>	<b>Subtract line 48 from line 47a</b> (if line 48 is more than line 47a, leave blank)	<b>49</b>	.00
<b>50</b>	<b>Part-year NYC resident tax</b> (Form IT-360.1)	<b>50</b>	.00
<b>51</b>	<b>Other NYC taxes</b> (Form IT-201-ATT, line 34)	<b>51</b>	.00
<b>52</b>	<b>Add lines 49, 50, and 51</b>	<b>52</b>	.00
<b>53</b>	<b>NYC nonrefundable credits</b> (Form IT-201-ATT, line 10)	<b>53</b>	.00
<b>54</b>	<b>Subtract line 53 from line 52</b> (if line 53 is more than line 52, leave blank)	<b>54</b>	.00
<b>54a</b>	<b>MCTMT net earnings base</b>	<b>54a</b>	.00
<b>54b</b>	<b>MCTMT</b>	<b>54b</b>	.00
<b>55</b>	<b>Yonkers resident income tax surcharge</b> (see page 26)	<b>55</b>	.00
<b>56</b>	<b>Yonkers nonresident earnings tax</b> (Form Y-203)	<b>56</b>	.00
<b>57</b>	<b>Part-year Yonkers resident income tax surcharge</b> (Form IT-360.1)	<b>57</b>	.00
<b>58</b>	<b>Total New York City and Yonkers taxes / surcharges and MCTMT</b> (add lines 54 and 54b through 57)	<b>58</b>	.00
<b>59</b>	<b>Sales or use tax</b> (see page 27; do not leave line 59 blank)	<b>59</b>	0.00

**Voluntary contributions** (see page 28)

<b>60a</b>	<b>Return a Gift to Wildlife</b>	<b>60a</b>	.00	<b>60o</b>	<b>Veterans' Homes</b>	<b>60o</b>	.00
<b>60b</b>	<b>Missing/Exploited Children</b>	<b>60b</b>	.00	<b>60p</b>	<b>Love Your Library Fund</b>	<b>60p</b>	.00
<b>60c</b>	<b>Breast Cancer Research</b>	<b>60c</b>	.00	<b>60q</b>	<b>Lupus Fund</b>	<b>60q</b>	.00
<b>60d</b>	<b>Alzheimer's Fund</b>	<b>60d</b>	.00	<b>60r</b>	<b>Military Family Fund</b>	<b>60r</b>	.00
<b>60e</b>	<b>Olympic Fund (\$2 or \$4)</b>	<b>60e</b>	.00	<b>60s</b>	<b>CUNY Fund</b>	<b>60s</b>	.00
<b>60f</b>	<b>Prostate Cancer</b>	<b>60f</b>	.00				
<b>60g</b>	<b>9/11 Memorial</b>	<b>60g</b>	.00				
<b>60h</b>	<b>Volunteer Firefighting</b>	<b>60h</b>	.00				
<b>60i</b>	<b>Teen Health Education</b>	<b>60i</b>	.00				
<b>60j</b>	<b>Veterans Remembrance</b>	<b>60j</b>	.00				
<b>60k</b>	<b>Homeless Veterans</b>	<b>60k</b>	.00				
<b>60l</b>	<b>Mental Illness Anti-Stigma</b>	<b>60l</b>	.00				
<b>60m</b>	<b>Women's Cancers Fund</b>	<b>60m</b>	.00				
<b>60n</b>	<b>Autism Fund</b>	<b>60n</b>	.00				
<b>60</b>	<b>Total voluntary contributions</b> (add lines 60a through 60s)	<b>60</b>	.00				
<b>61</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60)	<b>61</b>	12932.00				



Your social security number

117522618

62 Enter amount from line 61 ..... **62** 12932.00**Payments and refundable credits** (see pages 29 through 32)

63 Empire State child credit .....	<b>63</b>	.00
64 NYS/NYC child and dependent care credit .....	<b>64</b>	.00
65 NYS earned income credit (EIC) .....	<b>65</b>	.00
66 NYS noncustodial parent EIC .....	<b>66</b>	.00
67 Real property tax credit .....	<b>67</b>	.00
68 College tuition credit .....	<b>68</b>	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1) .....	<b>69</b>	.00
69a NYC school tax credit (rate reduction amount) .....	<b>69a</b>	.00
70 NYC earned income credit .....	<b>70</b>	.00
70a NYC enhanced real property tax credit .....	<b>70a</b>	.00
71 Other refundable credits (Form IT-201-ATT, line 18) .....	<b>71</b>	.00
72 Total <b>New York State</b> tax withheld .....	<b>72</b>	6097.00
73 Total <b>New York City</b> tax withheld .....	<b>73</b>	.00
74 Total <b>Yonkers</b> tax withheld .....	<b>74</b>	.00
75 Total estimated tax payments and amount paid with Form IT-370 .....	<b>75</b>	7000.00
76 Total payments (add lines 63 through 75) .....	<b>76</b>	13097.00

If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).**Do not send federal Form W-2 with your return.****Your refund, amount you owe, and account information** (see pages 33 through 35)

77 Amount overpaid (see instructions) .....	<b>77</b>	165.00
78 Amount of line 77 available for refund (subtract line 79 from line 77) .....	<b>78</b>	165.00
78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195) .....	<b>78a</b>	.00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78) .....	<b>78b</b>	165.00

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 83) - or - ☒ **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 34 for payment options.

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) ..... **79** .0080 Amount you **owe** (if line 76 is **less than** line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. ....**80** .0081 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) ..... **81** .00

See page 37 for the proper assembly of your return.

82 Other penalties and interest (see page 34) ..... **82** .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 35) ☐83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number ..... 83c Account number .....

84 Electronic funds withdrawal (see page 35) ..... Date ..... Amount .....00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

<b>▼ Paid preparer must complete ▼</b> (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
E-mail:		Date	

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation COMPUTER PROGRAMMER	
Spouse's signature and occupation (if joint return) RETIRED	
Date	Daytime phone number ( 516 ) 488 7153
E-mail: GMATTIAW@GMAIL.COM	

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See instructions for where to mail your return.



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**Other Tax Credits and Taxes**  
**Attachment to Form IT-201****IT-201-ATT**See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. **Submit this form with your Form IT-201.**

Name(s) as shown on your Form IT-201	Your social security number
WILLIAM J AND INDRA MATTIACE	117522618

- A** Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions)..... Yes ☐ No ☒

**Part 1 – Other New York State, New York City, and Yonkers tax credits****Section A – New York State nonrefundable, non-carryover credits used**

Whole dollars only

1	Accumulation distribution credit (submit computation) .....	1	.00
2	Other nonrefundable, non-carryover credits		
2a	Code Amount	2b	Code Amount
	.00		.00
Total other nonrefundable, non-carryover credits (add lines 2a and 2b) .....		2	.00

**Section B – New York State nonrefundable, carryover credits used**

3	Long-term care insurance credit .....	3	659 .00
4	Investment credit .....	4	.00
5	Solar energy system equipment credit .....	5	.00
6	Other nonrefundable, carryover credits		
6a	Code Amount	6h	Code Amount
	.00		.00
6b	.00	6i	.00
6c	.00	6j	.00
6d	.00	6k	.00
6e	.00	6l	.00
6f	.00	6m	.00
6g	.00	6n	.00
Total other nonrefundable, carryover credits (add lines 6a through 6n) .....		6	.00
7	Total New York State nonrefundable credits used		
(add lines 1 through 6; enter here and on Form IT-201, line 42) .....		7	659 .00

**Section C – New York City nonrefundable, non-carryover credits used**

8	New York City resident UBT credit .....	8	.00
8a	New York City resident GCT credit .....	8a	.00
9	New York City accumulation distribution credit (submit computation) .....	9	.00
9a	Part-year resident nonrefundable NYC child and dependent care credit .....	9a	.00
10	Total other New York City nonrefundable credits used		
(add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53) .....		10	.00

**Section D – New York State, New York City, Yonkers, and MCTMT refundable credits**

11	Farmers' school tax credit .....	11	.00
12	Other refundable credits		
12a	Code Amount	12g	Code Amount
	.00		.00
12b	.00	12h	.00
12c	.00	12i	.00
12d	.00	12j	.00
12e	.00	12k	.00
12f	.00	12l	.00
Total other refundable credits (add lines 12a through 12l) .....		12	.00
13	Add lines 11 and 12 .....	13	.00

(continued on page 2)

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Your social security number

117522618

**Part 1, Section D – New York State, New York City, Yonkers, and MCTMT refundable credits** (continued)

<b>14</b> Enter amount from line 13 on the front page .....	<b>14</b>	.00
<b>15</b> <b>New York State</b> claim of right credit .....	<b>15</b>	.00
<b>16</b> <b>New York City</b> claim of right credit .....	<b>16</b>	.00
<b>17</b> <b>Yonkers</b> claim of right credit .....	<b>17</b>	.00
<b>17a</b> <b>MCTMT</b> (metropolitan commuter transportation mobility tax) claim of right credit .....	<b>17a</b>	.00
<b>18</b> <b>Total</b> New York State, New York City, Yonkers, and MCTMT other refundable credits (add lines 14 through 17a; enter here and on <b>Form IT-201, line 71</b> ) .....	<b>18</b>	.00

**Part 2 – Other New York State taxes** (submit all applicable forms)If you are subject to other New York State taxes, **complete Part 2.**

<b>19</b> New York State tax on capital gain portion of lump-sum distributions ( <i>Form IT-230</i> ) .....	<b>19</b>	.00
<b>20</b> Other New York State taxes		

Code	Amount	Code	Amount
<b>20a</b>	.00	<b>20g</b>	.00
<b>20b</b>	.00	<b>20h</b>	.00
<b>20c</b>	.00	<b>20i</b>	.00
<b>20d</b>	.00	<b>20j</b>	.00
<b>20e</b>	.00	<b>20k</b>	.00
<b>20f</b>	.00	<b>20l</b>	.00

Total other New York State taxes (add lines 20a through 20l) .....	<b>20</b>	.00
<b>21</b> Add lines 19 and 20 .....	<b>21</b>	.00
<b>22</b> See instructions for line 22 .....	<b>22</b>	.00
<b>23</b> Enter amount from <b>Form IT-201</b> , line 39 .....	<b>23</b>	.00
<b>24</b> Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank) .....	<b>24</b>	.00
<b>25</b> Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank) .....	<b>25</b>	.00
<b>26</b> New York State separate tax on lump-sum distributions ( <i>Form IT-230</i> ) .....	<b>26</b>	.00
<b>27</b> Resident credit against separate tax on lump-sum distributions .....	<b>27</b>	.00
<b>28</b> Subtract line 27 from line 26 .....	<b>28</b>	.00
<b>29</b> This line intentionally left blank .....	<b>29</b>	
<b>30</b> <b>Net other New York State taxes</b> (add lines 25 and 28; enter here and on <b>Form IT-201, line 45</b> ) .....	<b>30</b>	.00

**Part 3 – Other New York City taxes** (submit all applicable forms)

<b>31</b> This line intentionally left blank .....	<b>31</b>	
<b>32</b> New York City resident separate tax on lump-sum distributions ( <i>Form IT-230</i> ) .....	<b>32</b>	.00
<b>33</b> New York City tax on capital gain portion of lump-sum distributions ( <i>Form IT-230</i> ) .....	<b>33</b>	.00
<b>34</b> <b>Total other New York City taxes</b> (add lines 32 and 33; enter here and on <b>Form IT-201, line 51</b> ) .....	<b>34</b>	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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# Claim for Long-Term Care Insurance Credit

**IT-249**

Tax Law - Section 606(aa)

Name(s) as shown on return WILLIAM J AND INDRA MATTIACE	Identifying number as shown on return 117522618
--	--

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

**Schedule A – Individuals (including sole proprietors), partnerships, and fiduciaries**

1	Qualified long-term care insurance premiums paid for the current tax year (see instructions) .....	1	3296 .00
2	Credit rate (20%) .....	2	.20
3	Credit for qualified long-term care insurance (multiply line 1 by line 2) .....	3	659 .00

**Fiduciaries:** Include the amount from line 3 in the *Total* line of Schedule D, column C.**All others:** Enter the amount from line 3 on Schedule E, line 8.**Schedule B – Partnership, S corporation, estate, and trust information (see instructions)**

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the long-term care insurance credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name of entity	Type	Employer ID number

**Schedule C – Partner's, shareholder's, or beneficiary's share of credit (see instructions)**

Partner	4	Enter your share of the credit from your partnership .....	4	.00
S corporation shareholder	5	Enter your share of the credit from your S corporation .....	5	.00
Beneficiary	6	Enter your share of the credit from the <b>fiduciary's</b> Form IT-249, Schedule D, column C .....	6	.00
	7	<b>Totals</b> (add lines 4, 5, and 6) .....	7	.00

**Fiduciaries:** Include the amount from line 7 in the *Total* line of Schedule D, column C.**All others:** Enter the amount from line 7 on Schedule E, line 9.**Schedule D – Beneficiary's and fiduciary's share of credit (see instructions)**

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of qualified long-term care insurance credit
Total (enter the amount from Schedule A, line 3, plus the amount from Schedule C, line 7)		.00
		.00
		.00
Fiduciary		.00

(continued on page 2)



**Schedule E – Computation of credit available for the current year**

<b>Individuals and partnerships</b>	<b>8</b>	Enter the amount from Schedule A, line 3	<b>8</b>	659 .00
<b>Partners, S corporation shareholders, beneficiaries</b>	<b>9</b>	Enter the amount from Schedule C, line 7	<b>9</b>	.00
<b>Fiduciaries</b>	<b>10</b>	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C	<b>10</b>	.00
	<b>11</b>	<b>Total credit available for the current year</b> (add lines 8, 9, and 10)	<b>11</b>	659 .00

**Full-year NYS resident individuals, estates, and trusts:** Complete Schedule F and Schedule H.

**Nonresident and part-year resident individuals, estates, and trusts:** Complete Schedule G and Schedule H.

**Partnerships:** Enter the line 11 amount on Form IT-204, line 145.

**Schedule F – Full-Year New York State residents computation of total credit**

<b>12</b>	Enter the amount from line 11	<b>12</b>	659 .00
<b>13</b>	Enter the carryover credit from last year's Form IT-249	<b>13</b>	.00
<b>14</b>	<b>Total credit</b> (add lines 12 and 13; complete Schedule H)	<b>14</b>	659 .00

**Schedule G – New York State nonresidents and part-year residents computation of total credit**

<b>15</b>	Enter the amount from line 11	<b>15</b>	.00
<b>16</b>	Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 (if the income percentage is more than 100% (1.0000), enter 1.0000)	<b>16</b>	
<b>17</b>	<b>Nonresident and part-year resident credit</b> (multiply line 15 by line 16)	<b>17</b>	.00
<b>18</b>	Enter the carryover credit from last year's Form IT-249	<b>18</b>	.00
<b>19</b>	<b>Total credit</b> (add lines 17 and 18; complete Schedule H)	<b>19</b>	.00

**Schedule H – Computation of credit used and carried over**

<b>20</b>	Tax due before credits (see instructions)	<b>20</b>	13591 .00
<b>21</b>	Credits applied against the tax before this credit (see instructions)	<b>21</b>	.00
<b>22</b>	<b>Net tax</b> (subtract line 21 from line 20)	<b>22</b>	13591 .00
<b>23</b>	<b>Credit used for the current tax year</b> (see instructions)	<b>23</b>	659 .00
<b>24</b>	<b>Amount of credit available for carryover to next year.</b> <b>Full-year residents:</b> Subtract line 23 from line 14. <b>Nonresidents and part-year residents:</b> Subtract line 23 from line 19	<b>24</b>	.00



# Taxpayer/Spouse Income Allocation Worksheet

2018

## Taxable Income of New York City Resident Yonkers Resident Income Tax Surcharge

Name as Shown on Return WILLIAM J AND INDRA MATTIACE	Social Security No. 117522618
---	----------------------------------

Federal Adjusted Gross Income	Total	Taxpayer	Spouse
1 Wages, salaries, tips, etc . . . . .	107133.	107133.	
2 Taxable interest income . . . . .	164.	164.	
3 Dividend income . . . . .	12780.	10510.	2270.
4 Taxable refunds, credits, or offsets of state and local income taxes . . . . .	3203.	3203.	
5 Alimony received . . . . .			
6 Business income or (loss) . . . . .			
7 Capital gain or (loss) . . . . .	102455.	102455.	
8 Other gains or (losses) . . . . .			
9 Taxable amount of IRA distributions . . . . .	0.		
10 Taxable pensions and annuities . . . . .	59439.		59439.
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . .			
12 Farm income or (loss) . . . . .			
13 Unemployment compensation . . . . .			
14 Taxable social security benefits . . . . .			
15 Other income . . . . .			
16 Total (add lines 1 through 15) . . . . .	285174.	223465.	61709.
17 Less: Federal adjustments to income . . . . .			
18 <b>Federal adjusted gross income</b> (line 16 less line 17) . . . . .	285174.	223465.	61709.

### New York Additions

19 Interest income on state and local bonds and obligations . . . . .			
20 Public employee 414(h) retirement contributions from your wage and tax statements . . . . .	387.	387.	
21 New York's 529 college savings program distributions . . . . .			
22 Other . . . . .			
23 Add lines 19 through 22 . . . . .	387.	387.	

### New York Subtractions

24 Taxable refunds, credits, or offsets of state and local income taxes . . . . .	3203.	3203.	
25 Pensions of New York State and local governments and the federal government . . . . .	59439.		59439.
26 Taxable amount of social security benefits . . . . .			
27 Interest income on U.S. government bonds . . . . .			
28 Pension and annuity income exclusion . . . . .			
29 New York's 529 college savings program deductions/earnings . . . . .			
30 Other . . . . .			
31 Add lines 24 through 30 . . . . .	62642.	3203.	59439.
32 <b>New York adjusted gross income</b> . . . . .	222919.	220649.	2270.

Itemized Deductions		Total	Taxpayer	Spouse
33	Medical and dental expenses . . . . .			
34	Taxes you paid . . . . .			
35	Interest you paid . . . . .			
36	Gifts to charity . . . . .			
a	New York Charitable Gifts Trust Fund Account contributions included on line 36 . . . . .			
37	Casualty and theft losses . . . . .			
38	Job expenses and most other miscellaneous deductions . . . . .			
39	Other miscellaneous deductions . . . . .			
40	Add lines 33 through 39 . . . . .			
41	Reduction for federal itemized deductions limitation . . . . .			
42	Total itemized deductions . . . . .			
43	State, local, foreign taxes, other subtraction adjustments . . . . .			
44	Subtract line 43 from line 42 . . . . .			
45	Addition adjustments . . . . .			
46	College tuition itemized deduction . . . . .			
47	Add lines 44, 45 and 46 . . . . .			
48	New York itemized deduction adjustment . . . . .			
49	<b>New York itemized deduction</b> . . . . .			

**New York Taxable Income**

50	New York itemized deduction or . . . . .			
	New York standard deduction . . . . .		8000.	8000.
51	New York dependent exemptions . . . . .			
52	<b>New York taxable income</b> . . . . .		212649.	-5730.

**New York State Taxes**

53	New York taxable income . . . . .		212649.	-5730.
54	New York State tax . . . . .		13971.	0.
55	Form IT-216 New York State Child and Dependent Care Credit for part-year residents . . . . .			
56	New York State Household Credit . . . . .			
57	Earned Income Credit for part-year residents . . . . .			
58	New York State nonrefundable credits . . . . .	659.	659.	
59	Add lines 55, 56, 57 and 58 . . . . .		659.	
60	Subtract line 59 from line 54 . . . . .		13312.	0.
61	Other New York State taxes . . . . .			
62	<b>Total New York State taxes</b> . . . . .		13312.	0.

**Information for Calculation of Yonkers Tax**

63	Form IT-201-ATT, line 13 Refundable credits . . . . . *			
64	Form IT-209 Noncustodial Parent EIC Credit . . . . . *			
65	Form IT-213 Empire State Child Credit . . . . . *			
66	Form IT-214 Real Property Tax Credit . . . . . *			
67	Form IT-215 or IT-209 Earned Income Credit . . . . . *			
68	Form IT-216 New York State Child and Dependent Care Credit . . . . .			
69	Form IT-272 College Tuition Credit . . . . . *			
70	New York City School Tax Credit . . . . .			
71	Property Tax Relief Credit . . . . .			
72	STAR reconciliation amount IT-119 line 3 . . . . .			
73	Form IT-112.1 Resident Credit against separate tax on lump-sum distributions . . . . . %			
74	Form IT-203-ATT, line 20, Other New York State Taxes . . . . . %			
75	Form IT-203-ATT, lines 9, 10 and 12, State Refundable Credits . . . . . %			

\* IT-201 filers only

% IT-203 filers only



## Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

## W-2 Record 1

Box a Employee's social security number for this W-2 Record

117522618

Box b Employer identification number (EIN)

136400434

## Box c Employer's information

Employer's name

THE CITY OF NEW YORK

Employer's address (number and street)

450 W 33RD ST 4TH FLOOR

City

NEW YORK

State

NY

ZIP code

10001

Country (if not United States)

Box 1 Wages, tips, other compensation

107133.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

24500.00

Code

A A

Box 12b Amount

21099.00

Code

D D

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

107.00

Description

FRINGE

Box 14b Amount

3060.00

Description

IRC 132

Box 14c Amount

387.00

Description

414HSUB

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

107133.00

Box 17a NYS income tax withheld

6097.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

## Box c Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

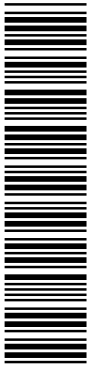
Locality a

Locality b

102001181555



NO HANDWRITTEN ENTRIES ON THIS FORM



PRINT OR TYPE ▼

Enter 2-character special condition code if applicable. (See instructions): ☐ ☐

First names and initials of employee and spouse: <b>WILLIAM J</b>		Last name: <b>MATTIACE</b>		Name Change <input type="checkbox"/>		<input type="checkbox"/> AMENDED RETURN	
Home address (number and street): <b>186 LOCUST STREET</b>		Apt. no.: <b>PVT</b>		Address Change <input type="checkbox"/>		TAXPAYER'S EMAIL ADDRESS <b>GMATTIAW@GMAIL.COM</b>	
City and State: <b>FLORAL PARK NY</b>		Zip Code: <b>11001</b>		Country (if not US)		EMPLOYEE'S SOCIAL SECURITY NUMBER <b>1 1 7 - 5 2 - 2 6 1 8</b>	
NYC Department or Agency where employed: <b>FDNY</b>		Employee ▼		Spouse ▼		SPOUSE'S SOCIAL SECURITY NUMBER	
Daytime telephone number:		<b>5 1 6</b>		<b>4 8 8</b>		<b>7 1 5 3</b>	

**1 - FILING STATUS**

A. ☐ MARRIED FILING JOINTLY OR SURVIVING SPOUSE **Note:** If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C.

B. ☐ HEAD OF HOUSEHOLD

C. ☒ SINGLE OR MARRIED FILING SEPARATELY

A. NUMBER OF MONTHS EMPLOYED IN 2018 ..... EMPLOYEE: 12 SPOUSE: \_\_\_\_\_

B. DATE RETIRED FROM NYC SERVICE ..... EMPLOYEE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SPOUSE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

C. ☐ CHECK BOX IF YOU AND YOUR SPOUSE ARE BOTH SUBJECT TO SECTION 1127.

A. <b>Payment</b>	Amount being paid electronically with this return .....	A.	Payment Amount	
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**2 - 1127 LIABILITY CALCULATION**

All the information you will need to complete this 1127 form comes directly from your NYS Income Tax Return. For your convenience, we have listed where on your State tax return you can find this information depending on whether you filed a NYS Resident Income Tax Return (NYS IT-201) or a NYS Non-Resident and Part-Year Resident Income Tax Return (NYS IT-203).

Line	Where do I get the amount?	Amount
1 NYS Taxable Income. See instructions.	♦ NYS IT-201, line 37 ♦ NYS IT-203, line 36 <b>Note:</b> If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C.	103,919.
2 Section 1127 liability plus Other New York City Taxes, if any. See instructions.	♦ Page 2 liability rate schedules ♦ NYS IT-201, line 51	3,903.
3 New York City School tax and other credits	♦ See Page 2, Schedule B and Instructions	294.
4 New York City 1127 amount withheld	♦ Form 1127.2	4,017.
5 Balance Due	♦ If line 2 is greater than the sum of lines 3 and 4, enter balance due	
6 Refund	♦ If line 2 is less than the sum of lines 3 and 4, enter refund amount (not to exceed the amount on line 4). (See instr.)	408.

**3 - CERTIFICATION**

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions) .....YES ☐

SIGN HERE: \_\_\_\_\_ DATE \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

PREPARER'S USE ONLY

SIGNATURE OF PREPARER OTHER THAN TAXPAYER \_\_\_\_\_ EIN OR SSN OR PTIN \_\_\_\_\_ DATE \_\_\_\_\_ PREPARER'S EMAIL ADDRESS \_\_\_\_\_

SELF-PREPARED

PREPARER'S PRINTED NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ATTACH A COMPLETE COPY OF YOUR NEW YORK STATE INCOME TAX RETURN INCLUDING ALL SCHEDULES  
Payment must be made in U.S. dollars, drawn on a U.S. bank.

**ALL RETURNS EXCEPT REFUND RETURNS**

NYC DEPARTMENT OF FINANCE  
SECTION 1127  
P.O. BOX 5564  
BINGHAMTON, NY 13902-5564

REV 02/05/19 TTW

**REMITTANCES**

PAY ONLINE WITH FORM NYC-200V AT  
**NYC.GOV/ESERVICES** OR  
Mail Payment and Form NYC-200V ONLY to:  
NYC DEPARTMENT OF FINANCE  
P.O. BOX 3933  
NEW YORK, NY 10008-3933

**RETURNS CLAIMING REFUNDS**

NYC DEPARTMENT OF FINANCE  
SECTION 1127  
P.O. BOX 5563  
BINGHAMTON, NY 13902-5563

<b>SCHEDULE A</b> Schedule for Married Filing Jointly for State Purposes and Separately for 1127 Purposes (Spouse is not a NYC mayoral agency employee)		
Line		Amount
1	NYS Adjusted Gross Income	♦ NYS IT-201, line 33; NYS IT-203, line 32. 222,919.
2	Non NYC Employee Income	♦ Enter all income, additions and subtractions attributable to the non NYC employee 111,000.
3	Net NYS Gross Income	♦ Line 1 less Line 2 111,919.
4	Compute limitation percentage	<div> <div>Line 3: \$ 111,919.</div> <div>Line 1: \$ 222,919.</div> <div>= 50.21 %</div> </div> <div>Part-year employees must prorate standard deduction and dependent exemption amounts based on number of months employed by NYC.</div>
5	Check only one box:	<div> <input checked="" type="checkbox"/> Standard Deduction: \$8,000.  OR  <input type="checkbox"/> Itemized deduction: \$ _____ X _____ % =  (See instructions) amount from IT 201, line 34 % from line 4  amount from IT 203, line 33 </div> 8,000.
6	New York Dependent Exemption from NYS return. No exemption is allowed for employee or spouse. (If married filing separately for Section 1127 purposes, apply the limitation percentage from line 4).	♦ NYS IT-201, line 36; NYS IT-203, line 35.
7	Total Deductions and Exemptions	♦ Line 5 + line 6 8,000.
8	Allocated New York State Taxable Income	♦ Line 3 less line 7. Enter on Page 1, line 1. 103,919.

<b>SCHEDULE B</b> Nonrefundable credits		
Line	Where do I get the amount?	Amount
A1.	NYC School Tax Credit (fixed amount)	♦ See Instructions 63.
A2.	NYC School Tax Credit (rate reduction amount)	♦ See Instructions 231.
B.	UBT Paid Credit	♦ See Instructions
C.	NYC household credit	♦ from IT-201 Instructions NYC table 4, 5 or 6
D.	NYC Claim of Right Credit	♦ from Form IT-201-ATT, line 16 or IT-203-ATT, line 15 (attach Form IT-257)
E.	NYC Earned Income Credit	♦ (attach IT-215)
F.	Other NYC taxes	♦ See Instructions
G.	NYC Child and Dependent Care Credit	♦ See Instructions (attach IT-216)
H.	Total of lines A1 - G	♦ enter on page 1, line 3 294.

REV 02/05/19 TTW



NEW YORK CITY 1127 LIABILITY RATES

Table A - Married filing jointly or surviving spouse					
If Form NYC-1127, line 1 is:					
OVER	BUT NOT OVER	THE LIABILITY IS:			
\$ 0	\$ 21,600	3.078%	of Form 1127, line 1		
\$ 21,600	\$ 45,000	\$ 665 plus 3.762%	of the excess over \$ 21,600		
\$ 45,000	\$ 90,000	\$ 1,545 plus 3.819%	of the excess over \$ 45,000		
\$ 90,000		\$ 3,264 plus 3.876%	of the excess over \$ 90,000		
Table B - Head of household					
If Form NYC-1127, line 1 is:					
OVER	BUT NOT OVER	THE LIABILITY IS:			
\$ 0	\$ 14,400	3.078%	of Form 1127, line 1		
\$ 14,400	\$ 30,000	\$ 443 plus 3.762%	of the excess over \$ 14,400		
\$ 30,000	\$ 60,000	\$ 1,030 plus 3.819%	of the excess over \$ 30,000		
\$ 60,000		\$ 2,176 plus 3.876%	of the excess over \$ 60,000		
Table C - Single or married filing separately					
If Form NYC-1127, line 1 is:					
OVER	BUT NOT OVER	THE LIABILITY IS:			
\$ 0	\$ 12,000	3.078%	of Form 1127, line 1		
\$ 12,000	\$ 25,000	\$ 369 plus 3.762%	of the excess over \$ 12,000		
\$ 25,000	\$ 50,000	\$ 858 plus 3.819%	of the excess over \$ 25,000		
\$ 50,000		\$ 1,813 plus 3.876%	of the excess over \$ 50,000		

80021857

# Other Tax Credits and Taxes Worksheet

2018

► Keep for your records

Name as Shown on Return WILLIAM J AND INDRA MATTIACE	Social Security No. 117-52-2618
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## Part I — New York Credits

### Section A — New York State Nonrefundable/Non-Carryover Credits

Form IT-201-ATT, line 1 thru 2 or Form IT-203-ATT, lines 1 thru 3

1	Form IT-112-R — Resident Credit . . . . .	1	
2	Form IT-112-C — Resident Credit for Taxes Paid to a Province of Canada . . . . .	2	
3	Form IT-250 — Defibrillator Credit . . . . .	3	
4	Form IT-604 — Qualified Economic Zone Employment Tax Reduction Credit . . . . .	4	
5	New York State Accumulation Distribution Credit ( <i>attach computation</i> ) . . . . .	5	

### Section B — New York State Nonrefundable/Carryover Credits

Form IT-201-ATT, line 3 thru 7 or Form IT-203-ATT, lines 4 thru 8

1	Form IT-212 — Investment Credit . . . . .	1	
2	Form IT-236 — Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit (costs incurred on or after January 1, 2011) . . . . .	2	
3	Form IT-237 — Historic homeownership rehabilitation credit . . . . .	3	
4	Form IT-239 — Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit carryover (costs incurred before January 1, 2011) . . . . .	4	
5	Form IT-246 — Empire State commercial production credit . . . . .	5	
6	Form IT-249 — Long-Term Care Insurance Credit . . . . .	6	659.
7	Form IT-251 — Employment of Persons with Disabilities Credit . . . . .	7	

Carryover information  
for Form IT-252 . . . . ►

Year Carryover Credit Earned	Carryover Amount
_____	_____
_____	_____
_____	_____

8	Form IT-252 — Financial Services Industry Investment Tax Credit carryover . . . . .	8	
9	Form IT-253 — Alternative Fuels Credit carryover . . . . .	9	
10	Form IT-255 — Solar Energy System Equipment Credit . . . . .	10	
11	Form IT-256 — Claim for Special Additional Mortgage Recording Tax Credit . . . . .	11	
12	Form IT-261 — Empire State film post-production credit carryover . . . . .	12	
13	Form IT-501 — Temporary nonrefundable credit deferral payout . . . . .	13	
14	Form IT-601 — Empire Zone (EZ) Wage Tax Credit . . . . .	14	
15	Form IT-602 — Empire Zone (EZ) Capital Tax Credit . . . . .	15	
16	Form IT-603 — Empire Zone (EZ) Invest Tax Cr and Employment Incentive Cr . . . . .	16	
17	Form IT-605 — Financial Services Industry Empire Zone (EZ) Investment Tax Credit and Employment Incentive Credit . . . . .	17	
18	Form IT-637 — Alternative Fuels and Electric Vehicle Recharging Property Cr . . . . .	18	
19	Form IT-643 — Hire a Veteran Credit . . . . .	19	
20	Form IT-644 — Workers with Disabilities Tax Credit . . . . .	20	
21	Form DTF-622 — Qualified Emerging Technology Co. (QETC) Capital Tax Credit . . . . .	21	
22	Form DTF-624 — Low-Income Housing Credit . . . . .	22	
23	Form DTF-630 — Green Building Credit . . . . .	23	
24	Residential Fuel Oil Storage Tank Credit carryover ( <i>attach computation</i> ) . . . . .	24	
25	Solar and Wind Energy Credit carryover ( <i>attach computation</i> ) . . . . .	25	

\* New for 2018

# Pensions/Annuities/IRAs Worksheet

**2018**

► Keep for your records

Name as Shown on Return

WILLIAM J AND INDRA MATTIACE

Social Security No.

117-52-2618

## Part I – Calculation of Taxable Income Amounts

Payer's Name NYS & LOCAL EMPLOYEES RETIREMENT SYSTEM EIN 14-6020869 TP/SP S

Special Type Indicators:

Qualifies for government exclusion ☒ Tier II Railroad Retirement Benefits. . . . . ☐  
 Optional Retirement Program Distribution or former government pension converted to an IRA . . . . . ☐  
 Not eligible for the Government Exclusion or the Other Pension and Annuity Income Exclusion . . . . . ☐  
 None of the above apply . . . . . ☐

Check if IRA/SEP/SIMPLE or treated as such ☐ Date of first receipt in 2018 . . . . .

Gross pension/IRAs . . . . . 59,648.

Federal taxable pension/IRAs (regular) . . . . . 59,439.

New York State taxable pension/IRAs, if different then federal . . . . . 59,439.

If optional retirement program distribution or former government pension converted to an IRA, enter the amount (if any) that qualifies for the governmental exclusion . . . . .

Pensions received as a beneficiary of a decedent:

Decedent's date of birth . . . . .

Decedent's total pension/annuity/IRA (if known) . . . . .

Pension and annuity exclusion for this distribution claimed on the decedent's return . . . . .

Beneficiary's percentage share of total distribution (enter in the format xx.xxxx - for example, 49.72% = 49.72) . . . . .

**Note:** If the distribution was from an optional retirement program and was received as a beneficiary of a decedent, see the tax help for the 'Decedent's Total Pension/Annuity/IRA' for more information.

## IRAs/Pensions Received as a Beneficiary Question (IT-201/IT-203, line 9 and line 10)

1 Were any IRA distribution(s) received as a beneficiary? . . . . . Yes ☐ No ☐  
 2 Were any pension distribution(s) received as a beneficiary . . . . . Yes ☐ No ☐

### Individual retirement accounts (IRAs) (Part-Year Residents)

1 Allocated IRA distributions . . . . .  
 2 Total taxable IRA distributions. Enter this amount on line 9, column B of the Part-Year Resident/Nonresident Allocation Worksheet . . . . .

Taxpayer

Spouse

### Pensions and annuities (Nonresidents and Part-Year Residents)

3 Allocated pension/annuity distributions . . . . .  
 4 Total taxable pension/annuity distributions. Enter this amount on line 10, column B of the Part-Year Resident/Nonresident Allocation Worksheet . . . . .

Taxpayer

Spouse

Part II – Calculation of Exclusion Amounts	Taxpayer	Spouse
<b>1 a</b> Date of birth . . . . .	04/04/57	10/31/55
<b>b</b> Age as of 1/1/2018. . . . .	60	62
<b>c</b> If all pensions and IRAs qualify for the pension and annuity income exclusion regardless of the recipients age (assuming the pensions and IRAs meet all other requirements for the pension and annuity income exclusion), check this box . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2 a</b> Total governmental pension. If filing Form IT-203, this is also the governmental exclusion from all sources; enter this amount on Form IT-203, line 25, Federal column . . . . .		59,439.
<b>b</b> Governmental pension exclusion. Enter this amount on Form IT-201, line 26 or Form IT-203, line 25, New York State Column . . .		59,439.
<b>3</b> Total other pension and annuity income . . . . .		
<b>4 a</b> If filing Form IT-203, other pension and annuity income exclusion from all sources. Enter this amount on Form IT-203, line 28, Federal column . . . . .		
<b>b</b> Other pension and annuity income exclusion from New York sources. Enter this amount on Form IT-201, line 29 or Form IT-203, line 28, New York State column . . . . .	0.	0.
<b>5</b> Disability income exclusion . . . . .		

**Note:** Information on line 1 will be used to determine eligibility based on age. The sum of the pension and annuity income exclusion (line 4) and the disability income exclusion (line 5) cannot exceed \$20,000 for taxpayer or spouse.

## Two-Year Comparison

2018

Name as Shown on Return WILLIAM J AND INDRA MATTIACE			Social Security No. 117-52-2618	
	2017	2018	Difference	%
<b>Federal Adjusted Gross Income</b>	240,462.	285,174.	44,712.	18.59
<b>New York Additions</b>				
State and local interest income . . . . .				
Public employee 414(h) retirement contributions . . . . .		387.	387.	
New York's 529 college savings program distributions . . . . .				
Other New York additions . . . . .				
<b>Total New York Additions</b> . . . . .		387.	387.	
<b>New York Subtractions</b>				
State tax refund . . . . .	420.	3,203.	2,783.	662.62
Government pension exclusion . . . . .	51,840.	59,439.	7,599.	14.66
Taxable social security benefits . . . . .				
U.S. government interest income . . . . .				
Pension and annuity income exclusion . . . . .	20,000.		-20,000.	-100.00
New York's 529 college savings program deductions/earnings . . . . .				
Other New York subtractions . . . . .				
<b>Total New York Subtractions</b> . . . . .	72,260.	62,642.	-9,618.	-13.31
<b>New York Adjusted Gross Income</b> . . . . .	168,202.	222,919.	54,717.	32.53
Standard or Itemized Deduction . . . . .	16,050.	16,050.	0.	0.00
Dependent exemptions . . . . .				
<b>New York Taxable Income</b> . . . . .	152,152.	206,869.	54,717.	35.96
New York State tax . . . . .	9,814.	13,591.	3,777.	38.49
New York State nonrefundable credits . . . . .	659.	659.	0.	0.00
Other New York State taxes . . . . .				
<b>Total New York State taxes</b> . . . . .	9,155.	12,932.	3,777.	41.26
New York City taxes . . . . .				
Yonkers City taxes . . . . .				
Use tax . . . . .	0.	0.	0.	
Voluntary gifts/contributions . . . . .				
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> . . . . .	9,155.	12,932.	3,777.	41.26
Withholding . . . . .	11,284.	6,097.	-5,187.	-45.97
Estimated tax payments, extension payment, and amount applied from prior year return . . . . .	1,500.	7,000.	5,500.	366.67
Refundable credits . . . . .				
<b>Total payments and refundable credits</b> . . . . .	12,784.	13,097.	313.	2.45
Underpayment penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	3,629.	165.	-3,464.	-95.45
<b>Balance Due</b> . . . . .				